

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39376

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis mo

(No. 28334 Gamble)

File No.

Registered No. 10363

St. Ward)

2. FULL NAME

Mary Anna Tucker

(a) Residence, No. 28334 Gamble St., 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Cald

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

13. NAME

Samuel Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

15. MAIDEN NAME

Martha Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

17. INFORMANT (ADDRESS)

Martha Tucker
28334 Gamble St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE Nov 1937

19. UNDERTAKER (ADDRESS)

Beal Undertaking Co.
2726 S. 2nd St.

20. FILED

NOV 8 1937

J. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1937, to 5/11, 1937

I last saw her alive on 11/5, 1937. Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arthritis, Acute, 5 weeks
caused by chronic arthritis

Other contributory causes of importance:

Myocarditis Acute caused by
chronic arthritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edward F. Byrd, M. D.

(Address)

18411 212th

